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Alberta Centre on Aging

# **Relocation of the Vegreville Care Centre: The Impact of Changing Environments on Residents, Family Caregivers, and Staff**

## **Executive Summary**

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# EXECUTIVE SUMMARY

In May 2008, the Vegreville Care Centre was relocated to a new, **purpose-built, cottage-style, 60-bed long-term care facility**, and the existing facility was closed. Working in partnership with the former East Central Health Region, Rockliff Pierzchajlo Architects & Planners Ltd. (the architectural firm responsible for the new facility design), and Alberta Seniors and Community Supports, researchers from the Alberta Centre on Aging at the University of Alberta conducted a case study on the relocation of the Care Centre. The objective of the study was to explore the impact of the new facility on residents, families, and staff, with particular attention given to environmental factors.

This report provides an **overview of the study methods and key findings**. Data were collected over a 15-month period (April 2008 – June 2009). At baseline, 39 residents, 37 family caregivers, 56 staff members, and 4 key informants participated in the study. The first follow-up occurred four months after relocation to the new Care Centre. The second follow-up took place 12 months after the move. Attention here focuses on **views about relocation and the move**, an **assessment of location**, the **physical environment**, the **social/care environment**, and the **impact on the residents', family caregivers', and staff members' situations**.

Changes in both the **physical and social/care environments occurred** prior to and after the move. In terms of the **physical environment**, the Care Centre moved from an institutional, hospital-like environment to a model of five cottages with 12 residents each. Each cottage has its own kitchen, dining and living rooms, tub room, and personal laundry facilities. Residents have private rooms and individual bathrooms with showers. The administrative offices, recreational and rehabilitation areas, and a resource room that is used by the RNs, LPNs, physicians, dietician, and pharmacists are in a centralized location rather than on each cottage. In terms of the **social/care environment**, the Care Centre experienced changes that were being implemented either region- or province-wide such as a change in the philosophy of care to the Eden Alternative, an increased emphasis on 'homelike' environments, changes in the roles/responsibilities of various staff members, and the implementation of new record-keeping systems.

## Views about Relocation and the Move

In general, **the move itself was viewed as a success**. The relocation experience of this Care Centre highlights the following:

- **Advance preparation** is critical and needs to take many forms to alleviate concerns and to make different constituencies feel like their perspectives are being taken into account.
- **The allocation of time for family caregivers and staff to spend in the new facility** prior to the move and to make it as familiar for the residents as possible helps to facilitate the move.
- Perceived/real threats related to **changing established patterns/practices** need to be addressed. For example, concerns were expressed about the Care Centre moving from being physically **attached to an acute care hospital** to a central downtown neighbourhood location

approximately two kilometres from the hospital. Despite discussions with family caregivers and staff members, these concerns were evident prior to the move and at 4 months. By 12 months, the concerns about location had generally decreased.

## Physical Environment

Overall, the new facility was viewed **much more positively** than the old facility.

- The new facility was more likely than the old facility to be rated as **homelike**. **Private rooms, personal decorations, and the smell of food** were identified as elements of homelikeness.
- A **cottage size of 12 residents** appears to be an appropriate number of residents per cottage, particularly given the required staffing.
- The **private rooms** and **bathrooms** generally drew very favourable comments. The **amount of space, privacy, brightness, and the availability of overhead tracking** were mentioned as benefits.
- The **kitchen** was rated highly, particularly by family caregivers. Several commented on the **smell of food** and the **opportunity for residents to watch the food being prepared**. At the same time, the need to meet care standards necessitated a **lack of kitchen access for residents and families**.

There were some suggested areas for **improvement**. These included: the **size of dining room and living room** in light of the acuity of residents and the need for equipment; the **size of the medication storage room** and the **location of the computer** in the kitchen/dining room, particularly in relation to issues of safety and confidentiality; and, the **location of the resource room** in the central area of the facility as it resulted in a change in and concern about the visibility of the RNs/LPNs for family caregivers and for the HCAs.

The **lack of a staff room** was a major catalyst for staff discontent. While the decision was in keeping with the Eden Alternative, staff desired allocated space where they could get some relief from their work demands. It would be useful to obtain the view of new staff with regards to the need for a staff room; it may be that individuals who have not had the previous experience of a staff room would not have the same level or type of concern as those who have had access to a staff room in the old facility.

## Social/Care Environment

As noted above, several changes in the social/care environment have occurred. Some of these changes were necessitated by the change in the physical environment while others reflected region- or province-wide system changes.

- **HCAs** assumed responsibility for **food preparation, laundry and light housekeeping**.
- The physical layout required an **increase in the number of HCAs** in order to provide the necessary HCA coverage.
- The **RNs/LPNs** faced challenges with the physical layout of the new facility as they had to cover five cottages and were not as visible on the cottages as they had been in the old facility. Perceived/real communication breakdowns were identified. Increased time on the units appears to

be needed to monitor resident care, provide leadership to and teaching opportunities for the HCAs, and increase RN/LPN accessibility to family members.

- Initially it was thought that the HCAs could provide **recreation** as well as perform their other tasks. It was quickly recognized that there was no time in their workload for this. Ensuring the availability of adequate funds for recreational activities was viewed as critical in this setting.
- The initial plans also called for one **housekeeper** for the central area and the HCAs cleaning the cottages. Again this approach was not feasible given other demands on the HCAs and a higher level of housekeeping support than initially anticipated has been in place.

The success of implementing the **Eden Alternative** that emphasizes flexibility and personal choice by the resident clearly requires buy-in from staff members and to a lesser extent residents and family members. This shift in the philosophy of care takes time and the physical design can enhance its implementation. Interestingly, while having the same physical layout and the same philosophy of care, **each cottage was distinct and appears to have its own character**. Residents, family caregivers, and staff members all contribute to that character.

### **Impact on Residents', Family Caregivers', and Staff Members' Situations**

The extent to which changes in the residents', family caregivers' and staff members' situations can be linked to the changes in the physical environment and/or the social care environment is difficult to assess. Given the health needs of the long-term care population, some declines in health and activity participation would be anticipated. Family caregivers may face different challenges with the changing needs of their family member. Staff may require time to adjust to new routines in changing physical and social/care environments.

- In terms of **residents' situations**, some residents experienced changes such as increased independence in bathing or an increase in close relationships with other residents or staff. At the same time, there was an increase in the number of pressure sores and in the number of unsettled relationships. All of these changes may have been influenced by the changed environment.
- There was a pattern of general stability for the **family caregivers**. Little or no change was evident in the frequency of visiting, the activities while visiting, caregiver burden or the impact on employment. Some caregivers rated their caregiving experience higher overall at 12 months after the move which may reflect their family member being in a new purpose-build facility with consistency in staff.
- Changes in the **workload and work demands** as well as the lack of a staff room were areas of concern for **staff**. Over time, however, there were some **improvements**. By 12 months, some staff members had adapted to new work demands, had new routines, and had developed ways to obtain the necessary support for their work.
- **Staff morale** was problematic prior to the move but showed some improvement by 12 months. This improvement was particularly noticeable when assessing morale in the cottage rather than in the facility as a whole. **Suggestions to improve morale** included hiring more staff, rotating staff from cottage to cottage, increasing opportunities to interact with staff from other cottages, receiving recognition/positive reinforcement from administration, and better communication at all levels.

Overall, the **relocation of the Vegreville Care Centre can be considered a success** while recognizing that there are some areas for improvement. This study has highlighted some of the **challenges faced in the relocation** of one care centre and the introduction of a new physical environment and changing social/care environment. At the same time, the **high percentage of family caregivers who would recommend this facility to others** can be interpreted as a vote of confidence for the Care Centre. It must be recognized that the experiences of the relocation of this Care Centre are embedded within its own history and in the community within which it is located. The extent to which some of these experiences would emerge in other settings is open to speculation. As well, the focus of the study was on residents, family caregivers, and staff members who were involved in the Care Centre both prior to and after the move. New residents, family caregivers, and staff members may bring different expectations and have different experiences than the individuals who participated in the study. Further research is needed to better understand new environmental designs and their impact on the lives of residents, family caregivers, and staff.

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